

MEDALLION SUPPORTED LIVING
651 EAST 200 SOUTH
LEHI UT 84043
STATE'S REGION CODE: 001

PROVIDER #: 46G023
PHONE NUMBER: (801) 375-2710
PARTICIPATION DATE: 11/03/2004 CERTIFIED: 15

TYPE ACTION: RECERTIFICATION
TOTAL: 15
TYPE OWNERSHIP: PRIVATE PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 08/25/2005	LTC AGREEMENT DATES	TOTAL CERTIFIED BEDS: 15
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TOTAL: 15	BEGINNING: 11/01/2005	18 18/19 19 ICF/MR
MEDICARE: 0	ENDING: 10/31/2006	-- ---- -- ----
MEDICAID: 0	EXTENSION:	15
OTHER: 0	ADMISSION SUSPENDED:	
	SUSPENSION RESCINDED:	

CURRENT SURVEY REVISIT DATES - 10/24/2005

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
		10/2004	08/25/2005		
	X		X C	10/07/2005	STD W0109-COMPLIANCE WITH SANITATION LAWS
			X C	10/07/2005	STD W0120-OUTSIDE SERVICES MEET NEEDS OF CLIENTS
			X C	10/07/2005	STD * W0151-NO WITHHOLDING OF FOOD OR HYDRATION
			X C	10/07/2005	STD W0153-ALLEGATIONS OF ABUSE REPORTED IMMEDIATELY
			X C	10/07/2005	STD W0154-ALLEGED VIOLATIONS INVESTIGATED THOROUGHLY
			X C	10/07/2005	STD W0247-PLAN INCLUDES OPPORTUNITY FOR CLIENT CHOICES
			X C	10/07/2005	STD * W0255-IPP REVIEWED, REVISED WHEN OBJECTIVE COMPLETED
			X C	10/07/2005	STD * W0258-IPP REVIEWED, REVISED WHEN CLIENT CONSIDERED FOR NEW TRAI
			X C	10/07/2005	STD W0261-SPECIALLY CONSTITUTED ADVISORY COMMITTEE MUST BE DESIGNAT
			X C	10/07/2005	STD W0262-COMMITTEE REVIEWS, APPROVES, MONITORS IPPS
			X C	10/07/2005	STD W0264-COMMITTEE REVIEWS, MONITORS INDIVIDUAL RIGHTS ISSUES
			X C	10/07/2005	STD W0270-SPECIFY CLIENT CONDUCT ALLOWED OR NOT ALLOWED
			X C	10/07/2005	STD W0278-INSURE THAT LESS INTRUSIVE TECHNIQUES ARE TRIED FIRST
			X C	10/07/2005	STD * W0285-INTERVENTIONS APPLIED WITH SUFFICIENT SAFEGUARDS
			X C	10/07/2005	STD W0289-SYSTEMATIC INTERVENTIONS INCORPORATED INTO IPP
			X C	10/07/2005	STD W0290-STANDING PROGRAMS TO CONTROL BEHAVIOR NOT PERMITTED
			X C	10/07/2005	STD W0295-PHYSICAL RESTRAINTS ONLY USED IF PART OF IPP
			X C	10/07/2005	STD * W0312-DRUGS FOR CONTROL OF BEHAVIOR INTEGRAL PART OF IPP
	X				STD W0325-ANNUAL PHYSICAL INCLUDES ROUTINE LABORATORY EXAMS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
		10/2004	08/24/2005		
			X C	10/07/2005	K0018-CORRIDOR DOORS
			X C	10/07/2005	K0046-EMERGENCY LIGHTING
			X C	10/23/2005	K0144-GENERATRS INSPECTED/TESTED

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
STANDARD	20	2	0	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	5	0	0	0
HEALTH TOTAL	17	2	0	0
LIFE SAFETY CODE	3	0	0	0
LIFE SAFETY CODE + HEALTH	20	2	0	0

STATUS OF DEFICIENT COPS
CURRENT SURVEY

DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
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COP 0	0	0

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY